

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/656309		FILING DATE 9.6.00		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51	/			
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		4					61				
12	/						62				
13		4					63				
14		4					64				
15		4					65				
16	/						66				
17	/						67				
18		/					68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
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35		/					85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40		/					90				
41		/					91				
42		/					92				
43	/						93				
44	/						94				
45		/					95				
46		/					96				
47		/					97				
48	/						98				
49		/					99				
50	/						100				
TOTAL IND.	15						TOTAL IND.				
TOTAL DEP.	48						TOTAL DEP.				
TOTAL CLAIMS	63						TOTAL CLAIMS				